

MICHIGAN DEPARTMENT OF AGRICULTURE  
FOOD & DAIRY DIVISION  
DAIRY SECTION  
P.O. BOX 30017  
LANSING, MI 48909

FOR DIVISION USE ONLY

PERMIT NO.

DATE ISSUED

NO FEE REQUIRED

GRADE A

☐

MFG GRADE

☐**APPLICATION FOR PRODUCER PERMIT**

(In accordance with Act 266, PA, 2001 or Act 267, PA 2001)

GPS LATITUDE – LONGITUDE (BY INSPECTOR)				FEDERAL EMPLOYER ID NO. OR MI TREASURY NO. (SOCIAL SECURITY NO. <u>NOT</u> REQUIRED)	
PERMIT HOLDER'S NAME (as to be shown on permit)			M.I.	FARM LOCATION ADDRESS	
CITY	ZIP CODE	COUNTY (name & no.)		TOWNSHIP CODE	SECTION NO.
DATE OF BIRTH			TELEPHONE NO.		
FARM OWNER'S NAME (if different from permit holder)			MAILING ADDRESS (If different from farm location) (Box No. & Street, Road)		
<input type="checkbox"/> SOLE PROPRIETORSHIP		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> CORPORATION	
<b>I agree to permit a representative of the Michigan Department of Agriculture to inspect my dairy operation and take samples of milk, water and any other products necessary to determine compliance with Michigan dairy laws.</b>					
DATE		PRODUCER (SIGNATURE)			
<b>OWNER OR PARTNER INFORMATION</b>					
NAME	ADDRESS (Route, No. & Street, Road, City)			FEDERAL EMPLOYER ID NO. OR MI TREASURY NO.	DATE OF BIRTH
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NAME	ADDRESS (Route, No. & Street, Road, City)			FEDERAL EMPLOYER ID NO. OR MI TREASURY NO.	DATE OF BIRTH
<input type="checkbox"/> NEW GRADE A FARM <input type="checkbox"/> ADDRESS CHANGE ON PERMIT <input type="checkbox"/> NAME CHANGE ON PERMIT <input type="checkbox"/> NEW MFG GRADE FARM <input type="checkbox"/> NEW PERMIT REQUIRED					
<b>RECOMMENDATION OF DEPARTMENT OF AGRICULTURE REPRESENTATIVE</b>					
I have reviewed the above application with the applicant and the fieldperson. An inspection of the above premises was made on _____.					
I <input type="checkbox"/> do <input type="checkbox"/> do not recommend that a Permit be issued.					
DATE		MICHIGAN DEPARTMENT OF AGRICULTURE - AUTHORIZED AGENT (Signature)			
DATE		MEMBERSHIP REPRESENTATIVE (Signature)			